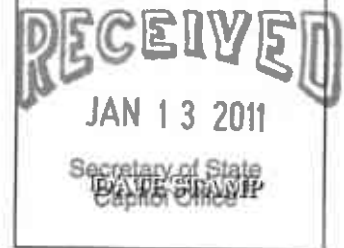


Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

Name of Candidate CECIL BROWN  
 Address PO BOX 5502 JACKSON MS 39206  
 Telephone 601 709 4392 Fax 601 366 0013  
 Contact Name CECIL BROWN Email cecil@medkybrown.com  
 Office Sought HOUSE DISTRICT 66 Political Party DEMOCRATIC



☐ Check here if above is different from previous report

**TYPE OF REPORT**

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
 \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
 \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
 \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 26200.00 + \$ 17939.32 =	\$ 44139.32	\$ 44401.32
Total amount of disbursements	\$ 4657.01 + \$ 235.00 =	\$ 4892.01	\$
Total amount of cash on hand		\$ 70508.48	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate \_\_\_\_\_

Date 1/13/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee CECIL BROWN  
 Reporting period 1/1/10 through 12/31/10

## ITEMIZED DISBURSEMENTS

A. Full name <u>ROBERT GRAHAM SUPERVISOR</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO BOX 686</u>		<u>12/21/10</u>	\$ <u>500.00</u>
City, State, Zip Code <u>JACKSON MS 39205</u>		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>CHRISTMAS GIFTS FOR CONSTITUENTS</u>		Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>FLOYD SMITH</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12/13/10</u>	\$ <u>200.00</u>
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1/10</u>	\$ <u>200.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>400.00</u>
C. Full name <u>LEIGH THOMAS</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5205 FARNWORTH DR.</u>		<u>11/16/10</u>	\$ <u>1203.00</u>
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1203.00</u>
D. Full name <u>PIP PRINTING</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>420 CHRISTINE DR</u>		<u>10/18/10</u>	\$ <u>516.99</u>
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u>11/9/10</u>	\$ <u>386.77</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>903.76</u>
E. Full name <u>PROMINENT TECHNOLOGIES</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO BOX 5089</u>		<u>8/26/10</u>	\$ <u>294.25</u>
City, State, Zip Code <u>JACKSON, MS 39216</u>		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>294.25</u>
F. Full name <u>BRANDON JUNG CAMPAIGN</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO BOX 571</u>		<u>7/26/10</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>PASADENA, MS 39568</u>		<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee CECIL BROWN  
 Reporting period 1/1/10 through 12/31/10

## ITEMIZED DISBURSEMENTS

A. Full name <u>TRAV CHILCOSS CAMPAIGN</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO BOX 177</u>		<u>6/2/10</u>	\$ <u>250.00</u>
City, State, Zip Code <u>BOONEVILLE MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) <u>  </u>		Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee CECIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS DENTAL PAC</u>	<u>8/17/10</u>	\$ <u>500.00</u>
Mailing Address	<u>2620 RINGWOOD RD STE C</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>JACKSON, MS 39216</u>	<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>ADVANTAGE CAPITAL MANAGEMENT CORP</u>	<u>12/28/10</u>	\$ <u>250.01</u>
Mailing Address	<u>909 POYDRAS ST STE 2220</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>NEW ORLEANS, LA 70112</u>	<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.01</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MIDWEST TECHNICAL INSTITUTE, INC</u>	<u>12/21/10</u>	\$ <u>500.00</u>
Mailing Address	<u>2721 FARMERS MARKET RD</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>SPRINGFIELD, IL 62707</u>	<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>WALGREENS</u>	<u>9/22/10</u>	\$ <u>500.00</u>
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code	<u>DEERFIELD, IL 60015</u>	<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

1750

Name of Candidate or Committee CECIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ALSN</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS BAIN AGENTS ALSN</u>		<u>12/3/10</u>	\$ <u>250.01</u>
Mailing Address <u>112 PRESIDENT ST STE 111</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.01</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MILL CREEK MANAGEMENT CORP</u>		<u>12/17/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 1130</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>MAGEE, MS 39111</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>UNITED HEALTH CARE SERVICES, INC</u>		<u>10/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 1459</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>MINNEAPOLIS, MN 55440</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS POWER CO PAC</u>		<u>11/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 4079</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>GULFPORT, MS 39502</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

1250

Name of Candidate or Committee CECIL BROWN  
 Reporting period 1/1/10 through 12/31/10

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GENERAL ELECTRIC CO.</u>	<u>10/20/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 9544</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>FORT MYERS, FL 33906</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MEPA PAC</u>	<u>11/17/10</u>	\$ <u>200.00</u>
Mailing Address <u>PO BOX 16620</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39236</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ALAN</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ALAN FOR HOME CARE</u>	<u>11/22/10</u>	\$ <u>300.00</u>
Mailing Address <u>124 FAIRMONT ST STE B</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>CLINTON, MS 39052</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HMA PAC</u>	<u>11/17/10</u>	\$ <u>1000.00</u>
Mailing Address <u>2550 FLOWERS DR. STE 402</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>FLOWERS, MS 39232</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

2100

Name of Candidate or Committee CECIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS INDEPENDENT RX PAC</u>		<u>11/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>4209 LAKELAND DR. STE 299</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>FLORENCE, MS 39232</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATMO. ENERGY PAC</u>		<u>10/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>5430 LES ARLWAY STE 160</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>DALLAS, TX 75240</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MRE PAC</u>		<u>8/27/10</u>	\$ <u>1000.00</u>
Mailing Address <u>PO BOX 2662</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>THUNDERBOLT, AL 35403</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ER ROBINSON, JR.</u>		<u>10/31/10</u>	\$ <u>500.00</u>
Mailing Address <u>49 EASTBROOK</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>RETIRED</u>		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

2500

Name of Candidate or Committee CECIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>ROMAN TAYLOR</u>	<u>10/25/10</u>	\$ <u>500.00</u>
Mailing Address	<u>20 FAIRBROOK RD.</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>JACKSON, MS 39216</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>RETIRED</u>	<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>DICK &amp; ELLY MOLINS</u>	<u>10/25/10</u>	\$ <u>1000.00</u>
Mailing Address	<u>1929 CRANE BLVD.</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>JACKSON, MS 39216</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>MOLINS WOODWORKS</u>	<u>1/1/10</u>	\$
Occupation (Required)	<u>PRESIDENT</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>BILLY W. LARK</u>	<u>10/24/10</u>	\$ <u>250.00</u>
Mailing Address	<u>110 COACHMAN'S RD.</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>MADISON, MS 39110</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>GASTROINTESTINAL ASSOCIATES</u>	<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>JOHN J LEE COLEMAN</u>	<u>10/22/10</u>	\$ <u>500.00</u>
Mailing Address	<u>2124 FAIRVIEW DR.</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>JACKSON, MS 39216</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>ATTORNEY - SELF</u>	<u>1/1/10</u>	\$
Occupation (Required)	<u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>500.00</u>

2250

Name of Candidate or Committee CECIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>IRE BENJAMIN</u>	<u>10/15/10</u>	\$ <u>200.00</u>
Mailing Address	<u>PO BOX 4423</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>JACKSON, MS 39206</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>SELF</u>	<u>1/1/10</u>	\$
Occupation (Required)	<u>LOBBYIST</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>LYNN EVANS</u>	<u>10/18/10</u>	\$ <u>250.00</u>
Mailing Address	<u>4127 RIDGEMOUNT RD</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>JACKSON, MS 39211</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>SELF</u>	<u>1/1/10</u>	\$
Occupation (Required)	<u>LOBBYIST</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>ERIN LEAKE</u>	<u>10/21/10</u>	\$ <u>500.00</u>
Mailing Address	<u>2429 MCADAMEROCK RD</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>JACKSON, MS 39211</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>ROLS &amp; YERGEN</u>	<u>1/1/10</u>	\$
Occupation (Required)	<u>ART</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>CLARENDON &amp; MARIAN BARKDALE</u>	<u>10/18/10</u>	\$ <u>250.00</u>
Mailing Address	<u>917 OLD TAYLOR RD</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>OXFORD, MS 38655</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>BARKDALE READING INSTITUTE</u>	<u>1/1/10</u>	\$
Occupation (Required)	<u>CEO</u>	Aggregate year-to-date	\$ <u>250.00</u>

1200

Name of Candidate or Committee CECIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE MOORE LAW FIRM</u>		<u>10/20/10</u>	\$ <u>500.00</u>
Mailing Address <u>10 CAMBRIDGE BLVD STE 150</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAMES BARKDALE</u>		<u>10/19/10</u>	\$ <u>500.00</u>
Mailing Address <u>800 WOODLANDS PKWY STE 112</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>RIABELAND, MS 39157</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1/1/10</u>	\$
Occupation (Required) <u>INVESTOR</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WILLIAM J ELISE WINTER</u>		<u>10/9/10</u>	\$ <u>250.00</u>
Mailing Address <u>4205 CRANE BLVD</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>WATKINS LHOLOAN</u>		<u>1/1/10</u>	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENVAC MS</u>		<u>10/19/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 1640</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39215</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

1500

Name of Candidate or Committee CELIC BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS AGC PAC</u>		<u>10/13/10</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>PO BOX 12615</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39236</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>THE AMERICAN LIFE INS CO.</u>		<u>10/18/10</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>PO BOX 12449</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39236</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALAN S. JERICHO</u>		<u>10/19/10</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>1510 PINEHURST ST</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 3920</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>BAKER DONELSON</u>		<u>1/1/10</u>	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAKER DONELSON PAC</u>		<u>10/19/10</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>PO BOX 14167</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39236</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500<sup>00</sup></u>

3500

Name of Candidate or Committee CECIL BROWN  
 Reporting period 1/1/10 through 12/31/10

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W J BARKER &amp; LONISA BROWN</u>	<u>10/24/10</u>	\$ <u>250.00</u>
Mailing Address <u>1620 BELMONT ST</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MI 39202</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>BAKER BROWN</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ASIN</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENTERTAINMENT SOFTWARE AND</u>	<u>9/27/10</u>	\$ <u>500.00</u>
Mailing Address <u>575 7TH ST NW</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>WASHINGTON, DC 20004</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ANHEUSER-BUSCH, INC</u>	<u>8/25/10</u>	\$ <u>500.00</u>
Mailing Address <u>ONE BUSCH PLACE</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>ST LOUIS, MO 63118</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GRAND TRUNK WESTERN RAIL</u>	<u>7/12/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 5025</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>TROY, MI 48007</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

1500

Name of Candidate or Committee CECIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CENTENE MGMT LLC</u>	<u>8/2/10</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>135 LASALLE ST</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>CHICAGO, IL 60602</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MD CONCRETE INDUSTRIES ASSO INC</u>	<u>10/18/10</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>6700 OLD CANTON RD. ST L</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOHN J MELBY MARR</u>	<u>10/15/10</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>2201 CALTOVER DR</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39211</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>SELF</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ROY J NANCY CAMPBELL</u>	<u>10/14/10</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>835 AVONDALE ST</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>BRADLEY MGMT</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>

2250

Name of Candidate or Committee CELIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HUGH &amp; CYNTHIA PARKER</u>		<u>10/15/10</u>	\$ <u>1000.00</u>
Mailing Address <u>120 CANTERBURY PLACE</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>RIDGECROFT, MD 2907</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>HORNE CPA</u>		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SPENCE DYE</u>		<u>10/14/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>4785 1-55 N STE 201</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39206</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>LOGIST</u>		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EMMERSON ASSET MGMT LLC</u>		<u>10/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 98205</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JANE WARREN</u>		<u>10/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 1005</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39215</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>500.00</u>

3000

Name of Candidate or Committee CELIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAN FARRINGTON</u>	<u>10/18/10</u>	\$ <u>300.00</u>
Mailing Address <u>122 WOODMONT WAY</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>BIDDEFORD, ME 0457</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>N/A</u>	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BILL TANN</u>	<u>10/13/10</u>	\$ <u>500.00</u>
Mailing Address <u>1776 LEWA DR</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, ME 04216</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>NIX-TANN</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>REALTOR</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALTRIA SERVICES INC.</u>	<u>9/27/10</u>	\$ <u>500.00</u>
Mailing Address	<u>1/1/10</u>	\$
City, State, Zip Code <u>RICHMOND, VA 23230</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECK INTO CASH OF MS, INC</u>	<u>9/14/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 550</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>CLEVELAND, TN 37264</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

1550

Name of Candidate or Committee CECIL BROWNReporting period 1/1/10 through 12/31/10

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS SPEECH LANGUAGE HEARWORTH, LLC</u>		<u>10/1/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 22664</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39225</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS HEALTH CARE AGED PAC</u>		<u>10/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>1076 HIGHLAND COLONY PKWY STE 125</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LEARNING THROUGH SPORTS, LLC</u>		<u>10/22/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>1 MT LAUREL AVE STE 210</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>BIRMINGHAM, AL 35242</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/10</u>	\$
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

1750.00